

Diabetes Self-Management Education and Support(DSMES) Readiness Review - Initial

Getting accredited and reimbursed for DSMES is a complex process that requires planning and forethought. This checklist is designed to help you, your organization and the grant team to determine your level of readiness as you plan for the necessary steps to achieve accreditation and reimbursement for your diabetes self-management education programs.

- Tool developed by NCOA - May 2017; Modified by Laura Plunkett - September 2019

* Required

1. Email address *

2. Organization *

3. *

Example: December 15, 2012

Market Analysis

Before beginning the process of DSMES accreditation and reimbursement, it is important to complete several analyses to ensure success for your program.

Break-Even Analysis

A break-even analysis should be conducted to determine the "break-even" point for your program. This is where your revenue and expense are equal and this can be set as the minimum expectations for your program. A break-even analysis also helps you identify what might be some high cost points for your program.

4. My agency has a business plan that includes the evidence-based programs. *

Mark only one oval.

Yes

No

Other: _____

5. My agency has a breakdown of the costs to run a Diabetes Self-Management Program (DSMP) workshop. *

Mark only one oval.

- Yes
- No
- Other: _____

6. My organization has determined the funding source to help support this project before reimbursement. *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Strongly agree
- Agree

Market Analysis

A market analysis will help you determine the current market of DSMES for your area as well as the potential for growth.

7. How familiar are you with Medicare in general? *

Mark only one oval.

- Not at all familiar
- Slightly familiar
- Somewhat familiar
- Moderately Familiar
- Extremely Familiar/I am SHIP-trained.

8. I know which Medicare Advantage Plans are available in my area and their penetration in the market. *

Mark only one oval.

- Yes
- No
- Other: _____

9. Local physician groups in the projected service area have been identified. *

Mark only one oval.

- Yes
- No
- Other: _____

10. My agency has marketing materials specific for physician outreach about our evidence-based programs. *

Mark only one oval.

- Yes
- No
- Other: _____

11. There are other providers of DSMES in our projected service area. *

Check all that apply.

- Yes, it is a health care provider.
- Yes, but there is still a gap in services.
- Yes, it is a community-based organization.
- Not Sure
- No
- Other: _____

12. A needs assessment has been conducted for our target area (either by the AAA or other agency). *

Mark only one oval.

- Yes
- No
- Other: _____

Value Proposition

A value proposition is a business or marketing statement that your organization can use to summarize why a consumer should use a service. This can help your organization to maintain a competitive advantage versus other DSMES programs.

13. My organization has already created a value proposition for the evidence-based programs (EBP). *

Mark only one oval.

- Yes
- No - My organization will need assistance in created a value proposition.
- Other: _____

14. My organization has experience partnering with healthcare organizations. *

Mark only one oval.

- Yes
- No
- Other: _____

Staffing

15. My organization is a current license holder (or working under another organization's license) for DSMP from the Self-Management Resource Center. *

Mark only one oval.

- Yes
- No
- Other: _____

16. Two DSMP lay leaders have been identified to lead your pilot workshops. *

Mark only one oval.

- Yes
- No
- Other: _____

17. A key point person has been selected to coordinate the project. *

Mark only one oval.

- Yes
- No
- Other: _____

18. Our agency's leadership team is aware of and supports our role in this grant. *

Mark only one oval.

- No
- Yes
- Other: _____

HIPAA

Your organization will now be responsible for storing (Protected Health Information) PHI. The HIPAA (Health Insurance Portability and Accountability Act) Security Rule demands that safeguards are implemented to ensure confidentiality of PHI and the HIPAA Privacy Rule places limit on the uses and disclosures of PHI.

19. How familiar are you with HIPAA? *

Mark only one oval.

- Not at all familiar
- Slightly familiar
- Somewhat familiar
- Moderately familiar
- Extremely familiar

20. Our agency is HIPAA compliant and has completed a security risk assessment. **Mark only one oval.*

- No
- Yes
- Other: _____

21. A process is in place for documenting, storing, and securing protected health information. Please note: Medicare records must be stored and made available for a minimum of 10 years. **Mark only one oval.*

- No
- Yes
- Other: _____

22. Staff and lay leaders receive HIPAA training at least annually. **Mark only one oval.*

- Yes
- No
- Other: _____

Accreditation

The ADA (American Diabetes Association) and AADE (American Association of Diabetes Educators) are the two associations that are responsible for certifying organizations to be able to provide DSMES.

23. How familiar are you with the 2017 National Standards for Diabetes Self-Management Education and Support? **Mark only one oval.*

- Not at all familiar
- Slightly familiar
- Somewhat familiar
- Moderately familiar
- Extremely familiar

24. My organization can identify at least 5 members in the community (include past participants, referring practitioners and other community-based organizations) to provide stakeholder input for this initiative. **Mark only one oval.*

- Yes
- No
- Other: _____

25. Lay leaders and staff receive continuing education on a regular basis (i.e. 15 hours a year). **Mark only one oval.*

- Yes
- No
- Other: _____

26. What is your current experience with providing services through tele-health or virtually? *

27. There are currently quality improvement metrics in place around our DSMP. **Mark only one oval.*

- Yes
- No
- Other: _____

Billing

The organization is prepared to become a Medicare provider or has identified a partner willing to enter into a contractual agreement to serve as the Medicare provider.

28. The organization that will serve as the Medicare provider has the capacity to bill and collect for services. **Mark only one oval.*

- Yes
- No
- N/A
- Other: _____

29. The organization is willing to accept liability for billing DSMT/MNT services. **Mark only one oval.*

- Yes
- No
- N/A
- Other: _____

30. The organization has a National Provider Number (NPI). **Mark only one oval.*

- No
- N/A
- Yes
- Other: _____

31. The organization has a current Medicare Provider number (PTAN). **Mark only one oval.*

- Yes
- N/A
- No
- Other: _____

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